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LANDMAN TELLER (1907-1995)
M. EMMETT WARD (1909-1989)

March 7, 2003

Federal Communications Commission
Office of Secretary
445-12th Street SW
Washington, DC **20554**   Via facsimile: 202-418-0187

> **re: CC Rocket Nos. 96-45 and 97-21.**
> **Supplement to Appeal of SLD Rejection of Appeal**
> **Billed Entity - 128637**
> **471 Application Number - 265505**
> **Funding Request Numbers - Unassigned**

Dear FCC Appeal Agent:

My firm represents the Vicksburg Warren School District. It has recently come to my
attention that the Vicksburg Warren School District's application for **E-RATE** funds for the
2001-2002 school year was denied for failure to submit necessary information. The Director of
Information Management appealed the denial to **the** SLD and the rejection of the application was
affirmed. I understand that **the** final appeal is currently pending in your office. I am hopeful that
you will allow me to submit additional information on behalf of the Vicksburg Warren School
District.

I am enclosing the information that was inadvertently left out of the original form **471**
application. I ask that you review this information along with the Vicksburg Warren School
District's stated reason for not originally providing it. As the appeal states, the request for the
information was lost during the facsimile transmission and was therefore not received. I ask that
you not hold the school district responsible for this mechanical error. Essentially, I ask that you
waive the time limitation in which to submit the application and accept the now completed
application in its entirety.

A waiver of **the** filing deadline may be granted upon a showing of good cause, that special
circumstances warrant a waiver, and **that** a **deviation** would better serve the public interest than
strict adherence to the general rule. See **47** C.F.R. §1.3; Northeast Cellular Telephone Co. v.
FCC, 897 F.2d 1164, 166 (D.C.Cir. 1990). Such circumstances certainly exist in this case.

The Vicksburg Warren School District has always promptly responded to requests for
information. It is only due to an unfortunate mechanical error that said requests were not
received in the instant case. In the original appeal the SLD offered a successful transmission
report as proof of the school district's receipt of the information. However, said report proves

No. of Copies rec'd ___0___
List ABCDE

only that the transmission from the **SLD was** successful. **The** report does not prove that the school district's receipt of the transmission **was** successful. **The** lost transmission may be due to any number of factors including, but not limited to: electrical problems, equipment problems, and acts of God. All of these factors are extraordinary circumstances that could not have been foreseen by the school district.

The Vicksburg Warren School District relies heavily on E-RATE funds and the loss of them will deal a devastating blow. In school districts **as** poor as the ones here in Mississippi, all grant money **and** government funding is vitally necessary to the everyday operations of the schools. Our schools have made great strides in seeking funding for the sole purpose o f acquiring the technology that **is** needed to give **our** students a chance in **today's** working world and remove them from the circle of poverty and welfare dependance that their families have previously **known.** The public interest is undoubtedly better served by overlooking strict adherence to the deadline requirements and by accepting the school district's completed application.

For these reasons, I **ask** that you accept the Vicksburg Warren School District's completed **form 47** 1 and grant them E-Rate funding for the 2000-2001 school year. Please call if **you** have any questions or need any additional information.

Sincerely,

Kathleen M. Fitzgerald

TCC Form 471

Approval by OMB
3060-0806

Applicant ID: 265505

265505

Sc ... vice
Serv ... rm 471

This form asks schools and librari... rs

charges for them so that the Fund ... ave ordered and estimate the annual riders for services.

Please read Instructions ... this application. (See www.sl.universalservice.org for filing this form online)

Applicant's Form Identifier: **YR 4**
Create your own code to identify THIS Form 471)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 Name of Billed Entity (30 characters max.) **Vicksburg Warren school District**

2 Funding Year: July 1, **2001**, through June 30, **2002** | 3 Entity Number (up to 10 digits) **128637**

1a Street Address, P.O. Box, or Route Number   **1500 Mission 66**

City **Vicksburg**   State **MS**   Zip Code **39180**____

3 Telephone Number (10 digits + ext.)   **(601) 638-5122** ext. _____

2 Fax Number (10 digits)   **(601) 632-2819**

4 E-mail Address (50 characters max.)   **hugh @VWSd. K12.MS.US**

5 Type of Application
- [ ] School (public or non-public school)
- [X] School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
- [ ] Library (library (i.e. outlet/branch, system))
- [ ] Consortium   [ ] Check here if any members of this consortium are ineligible non-governmental entities.

5a Contact Person's Name **Hugh Cummings**

First, fill in every item of the Contact Person's information below that is different from Item 4, above.
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

b [ ] Street Address, P.O. Box, or Route Number   **689 Hwy 27 South**

City **Vicksburg**   State **MS**   Zip Code **39180**-____

c [ ] Telephone Number (10 digits + ext.)   **(601) 631-2821** ext. _____

d [X] Fax Number (10 digits)   **(601) 631-2917**

e [ ] E-mail Address (50 characters max.)   **hugh @VWSd. K12. MS.US**

f Holiday/vacation/summer contact information:

Block 2: Minor Modification to Existing Contract?

7 [ ] Check if this Form 471 represents a minor modification, such as a modification of services, to

e Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below,

attach e Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #: [　　　　　]   Funding Request Number: [　　　　　]

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

4514

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Block 3: Impact of Services Ordered in THIS Application

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	190	190
High-bandwidth voice/data/video service: How many buildings served before and after your order?	,	1
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	10 mb/s	10 mb/s
d Dial-up Internet connections: How many before and after your order?	12	12
e Dial-up Internet connections: Highest speed before and after your order?	56kb	56kb
f Direct connections to the Internet: How many before and after your order?	17	17
g Direct connections to the Internet: Highest speed before and after your order?	10 mb/s	10 mb/s
h Internet access (for schools): How many rooms have Internet access before and after your order?	611	611
i Internet access (for libraries): How many buildings have Internet access before and after your order?		
j Internet access: How many computers (or other devices) with Internet access before and after your order?	450	450
k Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the *typed* application you are filing. Each worksheet has instructions

- e If you are filing as a school or a school district, use Worksheet A (page 3a).

- • If you am filing as a library (i.e. outlet/branch, system). use Worksheet B (page 3b).

- • If you am filing as a consortium, use Worksheet C (page 3c), and Include as many Worksheets A and B as you need for back-up documentation

Entity Number **128637**

Contact Person **Hugh Cummings**

Applicant's Form Identifier **YKK**

Phone Number **601-631-2821**

Block 4: Discount Calculation Worksheet A
for Schools/School Districts

Worksheet #A- **1**
Page **2** of **2**

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

<div style="text-align:right">▓▓▓▓▓▓▓▓▓ ▲
(For Administrator's Use)</div>

10a If you are:
- ● **Applying for discounts ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 *only* for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- ○ **Applying for discounts on services shared by ALL schools in the district** (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- ○ Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2. A-3. etc.

10b **List entities and calculate discount(s).**

School District Name: **Vicksburg Warren**

School District Entity Number: **128637**

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Warrenton Elem	43374	R	459	348	76 75.54%	90	413
Warren Central Intermediate	212046	R	698	388	56 55.58%	80	558
Alternative School	43360	R	254	205	81 80.70%	90	229
South Park Elem.	43377	R	536	362	68 67.53%	80	429
Beechwood Elem	43375	R	611	510	83 83.46%	90	550
Totals for calculating Weighted Average Discount	▓▓▓	▓▓▓		▓▓▓	▓▓▓	▓▓▓	7145

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) ➔ **78 %**

FCC Form 471 − October 2000

Entity Number __128637__
Contact Person __Hugh Cummings__

Applicant's Form Identifier __YK4__
Phone Number __601-631-2821__

Block 5: Discount Funding Request(s)

Block 5, page __1__ of __2__

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN: ___ (to be assigned by administrator)

11 **Category of Service** (only ONE category should be checked) ☑ Telecommunications Service ○ Internet Access ○ Internal Connections	15 **Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) __MS 985477-00__
12 **Form 470 Application Number** (15 digits) __299860000337727__	16 **Billing Account Number** (e.g., billed telephone number)
	17 **Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) __10/2/98__
13 **SPIN - Service Provider Identification Number** (9 digits) __143004824__	18 **Contract Award Date** (mm/dd/yyyy) __12/15/99__
	19a **Service Start Date** (mm/dd/yyyy) __7/1/2001__
	19b **Service End Date** (mm/dd/yyyy) (use only for "T" or "MTM" services) __6/30/2002__
14 **Service Provider Name** __BellSouth__	20 **Contract Expiration Date** (mm/dd/yyyy) __12/31/05__

21 **Description of This Service:**

You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # __1__

22 **Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): __A-1__

23 **Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
594.37	0	594.37	12	7,332.44				7,332.44	78	5,639.03

ntity Number __128637__   Applicant's Form Identifier __YR 4__

ontact Person __Hugh Cummings__   Phone Number __601-631-2821__

Block 5: Discount Funding Request(s)

Block 5, page __2__ of __2__

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN# (to be assigned by administrator)

11 Category of Service (only ONE category should be checked)	**15 Contract Number** (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) __T__
☑ Telecommunications Service ○ Internet Access ○ Internal Connections	**16 Billing Account Number** (e.g. billed telephone number) __601-638-5122__
12 Form 470 Application Number (15 digits) __299860000337727__	**17 Allowable Vendor Selection/Contract Date** (mm/dd/yyyy) (based on Form 470 filing) __01/16/01__
13 SPIN - Service Provider Identification Number (9 digits)	**18 Contract Award Date** (mm/dd/yyyy) __09/25/96__
__143004824__	**19a Service Start Date** (mm/dd/yyyy) __12/1/2000__
	19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) __6/1/2001__
14 Service Provider Name __USouth__	**20 Contract Expiration Date** (mm/dd/yyyy) __09/25/01__

21 Description of This Service:
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.

Attachment # __2__

22 Entity/Entities Receiving This Service:
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): __A-1__

23 Calculations

	Recurring Charges				Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount per month for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount $ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment $ Request (I x J)
7595.33	0	7595.33	12	91143.96 ~~91595.33~~				91143.96	78	71092.29

FCC Form 471 ~ October 2000

Do not write in this area

Entity Number __1 2 8 6 3 7__   Applicant's Form Identifier __V R 6__
Contact Person __Hugh Cummings__   Phone Number __661-631-2221__

Block 6: Certifications and Signature

24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

    a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965.20 U.S.C. Secs. 8801(14) and (25). that do not operate as for-profit businesses and do not have endowments exceeding $% million; and/or

    b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets a n completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.

25   The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers. training. software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.

26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

    a ☐ an individual technology plan for using the services requested in this application; and/or

    b ☒ higher-level technology plan(s) for using the services requested in this application: or

    c ☐ no technology plan needed; applying for basic local and long distance telephone service only.

27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

    a ☒ technology plan(s) has/have been approved; and/or

    b ☐ technology plan(s) will be approved by a state or other authorized body: or

    c ☐ no technology plan needed: applying for basic local and long distance telephone service only.

28   I certify that the entities eligible for support that I em representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29   I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold. resold, or transferred in consideration for money or any other thing of value.

30   I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31   I understand that the discount level used for shared services is conditional. for future years. upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32   I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application. and, if audited. will make available to the Administrator such records.

33   I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request. end to the best of my knowledge. information, and belief, all statements of fact contained herein are Qua.

34 Signature of authorized person _Donald Seba_	35 Date _1/7/01_
36 Printed name of authorized person _Donald Oakes_	
37 Title or position of authorized person _Superintendent of Education_	
38 Telephone number of authorized person: _(601) 638-5122_ ext. ____	

P(llif illy   aking fals   it b   r ents   n this form can be punished by fine or forfeiture, under the Communications Act,
47 I.S   Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impos obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) w the Universal Service Administrator, 47 C.F.R. § 54.504. The collection f infc   tk   t r fro th Cc   ii ii 'i   itl rit   d S   ilk 2   o the Communications Act of 1934, as amended. 47 U.S.C. § 254. Th d il   in h   ipc t fill b   d to ensure th schools   d t rk   r lk with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All   ioh   d lib   planning to order service ii   il   fi   il   il service discounts must file this form themselves or as part of a consortium.

An   ioy n not c   or sponsor, end a person is not required to respond to. a collection of information unless it   lays a   ently va io OMB   ntrol   nber.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we bell   th e iy l a dol itior x a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a pa   ue debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you   wide may also be disclosed to the Department of the Treasury Financial Hk agei ie Se   ithe   rderal agencies anc your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC is als   de l information to these agencies through the matching of c   il   ds wt   thorized

If you do not provide the info mation v   est on th fr   the FCC may delay p   of your application or may il   your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 197   5 U.S.C. § 552, and the Paperwork R di tio Act f 1995, Pbl l N > 104-13, 44 U.S.C. § 3501 et

Public reporting burden for this collection of information is e iti it d in   i< 4 hours l   spo   ,   ig th ti e for reviewing   rn se: ig existing ta e i, gi   if and m   ig l dale . > if   ig, and evic ig the xll i fi d comments regarding this burden estimate or any other aspect of is co   on of l matk , ıcludi g gge   is for xcing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 .
P.O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100